

**Introduced by Senators Steinberg and Romero**

February 23, 2007

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An act to add Sections 851.95, 2686, and 2982 to, to add Article 3.5 (commencing with Section 2687) to Chapter 4 of Title 1 of Part 3 of, Chapter 2.73 (commencing with Section 1001.130) to Title 6 of Part 2 of, the Penal Code, and to amend Sections 5806 and 5814 of the Welfare and Institutions Code, relating to mentally ill offenders.

LEGISLATIVE COUNSEL'S DIGEST

SB 851, as introduced, Steinberg. Mentally ill offenders.

Existing law provides for the diversion of specified criminal offenders in alternate sentencing and treatment programs.

This bill would provide that if a law enforcement official suspects that a crime has been committed by an individual with a severe mental health or substance abuse condition, he or she shall contact the county mental health director to ascertain if there is available treatment capacity to provide that person with services, as specified. This bill would provide that if the individual fails to remain in treatment, any pending criminal charges and arrest that had been deferred pending treatment can proceed at that time.

This bill would authorize superior courts to develop and implement mental Health Courts, as specified, for offenders suffering from mental illness against whom a complaint or citation for a misdemeanor or felony offense is pending. This bill would require each county, with the input of local stakeholders, to establish a method for screening every defendant for mental illness and co-occurring disorders at the time a complaint or citation is filed for a misdemeanor or felony offense and establish case eligibility criteria specifying what factors relating to the amenability of the defendant to treatment and to the facts of the case

will make the defendant eligible to participate in a mental health court. This bill would provide that if a defendant is determined to be eligible to participate in a mental health court and consents to participate, the defendant will be placed on probation and will be required to participate in the program for a minimum of one year.

This bill would also require each mental health court to report to the State Department of Mental Health, the State Department of Alcohol and Drug Programs, and the Department of Corrections and Rehabilitation. Because this bill would change the punishment for commission of various crimes and would require local officials to provide a higher level of service, this bill would impose a state-mandated local program.

Existing law provides for the allocation of state funds to counties for mental health programs.

This bill would make various statements of legislative findings and intent regarding the need to provide mental health and related services to parolees. This bill would require all parolees with a severe mental illness to receive comprehensive mental health and supportive services, as specified. This bill would provide that the department may contract with counties or private providers for these services.

This bill would state the intent of the Legislature to encourage each correctional facility to implement a system of care, as described, for the delivery of mental health services to parolees who have a serious mental disorder.

This bill would require the Department of Corrections and Rehabilitation in consultation with the State Department of Mental Health to establish service standards that ensure that parolees who have a serious mental disorder are identified, and services provided to assist them to be able upon release to live independently, work, and reach their potential as productive citizens, as specified. This bill would require the State Department of Mental Health to provide training, consultation, and technical assistance for facilities and programs, as specified.

This bill would provide that funding, based on specified criteria, at sufficient levels to ensure that each facility and parolee center can provide each parolee served pursuant to these provisions with the medically necessary mental health services shall be provided, but that the portion of those costs of services that can be paid for with other funds including other mental health funds, public and private insurance, and other local, state, and federal funds shall not be covered.

This bill would require the Director of the Department of Corrections and Rehabilitation to establish an advisory committee for the purpose of providing advice regarding the development of the identification of specific performance measures for evaluating the effectiveness of programs. This bill would require the department, in consultation with the advisory committee, to provide in a report to the Legislature, submitted on or before May 1 of each year in which additional funding is provided, an evaluation of the effectiveness of the strategies for parolees in reducing homelessness, recidivism involvement with local law enforcement, and other measures identified by the department.

This bill would provide that in order to reduce the cost of providing supportive housing for clients, parolee centers shall enter into contracts with sponsors of supportive housing projects to the greatest extent possible.

Existing law provides that there is within the Department of Corrections and Rehabilitation the Council on Mentally Ill Offenders, the goal of which is to investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to become offenders, or who have a history of offending, by considering strategies that improve service coordination among state and local mental health, criminal justice, and juvenile justice programs, as specified. Existing law also provides a procedure whereby, if, in the opinion of the Director of the department of Corrections and Rehabilitation, the rehabilitation of any mentally ill, mentally deficient, or insane person confined in a state prison may be expedited by treatment at any one of the state hospitals, he or she may have that person evaluated to determine if he or she would benefit from care and treatment in a state hospital.

This bill would require the department to provide training for all persons who will be responsible for the management and care of persons with serious mental illness in its custody to ensure that they are trained in recovery oriented rehabilitative services and that those services are provided in prison. This bill would also require the department to ensure that all its correctional officers are trained in dealing with inmates with mental illness.

Existing law requires, as a condition of parole, that a prisoner who has a treatable, severe mental disorder that was one of the causes of, or was an aggravating factor in, the commission of the crime for which he or she was incarcerated, be treated by the State Department of Mental Health, as specified.

This bill would require the Department of Corrections and Rehabilitation to apply for social security and Medi-Cal benefits for a prisoner with a severe mental illness who is considered disabled, and to begin vocational training, independent living assistance, and development of other skills necessary for success at least 6 months before his or her discharge. This bill would also require the department to coordinate with a program that will continue the medications and support services provided to the prisoner by the department after the period of incarceration, in the last 90 days before release of a prisoner with a severe mental illness.

This bill would make other conforming changes.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 851.95 is added to the Penal Code, to
- 2 read:
- 3 851.95. (a) If a law enforcement official suspects that a crime
- 4 has been committed by an individual with a severe mental health
- 5 or substance abuse condition, and believes that with mental health
- 6 or substance abuse treatment, criminal behavior would not, in all
- 7 likelihood, continue and the person is willing to participate in a
- 8 treatment program, the law enforcement official shall contact the
- 9 county mental health director to ascertain if there is available
- 10 treatment capacity.
- 11 (b) If there is treatment capacity available, the individual shall
- 12 receive services in accordance with the Mental Health Adult
- 13 System of Care set forth in Section 5806 of the Welfare and
- 14 Institutions Code. If the individual fails to remain in treatment,

1 any pending criminal charges and arrest that had been deferred  
2 pending treatment can proceed at that time.

3 SEC. 2. Chapter 2.73 (commencing with Section 1001.130) is  
4 added to Title 6 of Part 2 of the Penal Code, to read:

5  
6 CHAPTER 2.73. DIVERSION OF MENTALLY ILL OFFENDERS  
7

8 1001.130. (a) Superior courts are hereby authorized to develop  
9 and implement mental health courts consistent with this section  
10 and any existing Judicial Council guidelines.

11 (b) For purposes of this section, a mental health court shall have  
12 the following objectives:

13 (1) Increased cooperation between the courts, criminal justice,  
14 mental health, and substance abuse systems.

15 (2) Modified court processes that lead to placement of as many  
16 mentally ill offenders, including those with cooccurring disorders,  
17 in community treatment, consistent with public safety.

18 (3) Improved access to necessary services and support.

19 (4) Reduced recidivism.

20 (c) A Mental Health Court shall provide a single point of contact  
21 where a defendant with a mental disability or cooccurring disorder  
22 may receive court-ordered treatment and support services in  
23 connection with a diversion from prosecution, a sentencing  
24 alternative, or a term of probation.

25 (d) A Mental Health Court shall meet the following criteria:

26 (1) Defendants may be referred to the Mental Health Court from  
27 a variety of sources, including, but not limited to, judges within  
28 the court, police, attorneys, family members, probation officers,  
29 the district attorney, the public defender, and jail personnel.

30 (2) The court shall develop standards for continuing participation  
31 in, and graduation from, the Mental Health Court program through  
32 a collaborative process.

33 (3) The Mental Health Court shall use a dedicated calendar,  
34 designated staff that include, but is not limited to, a designated  
35 judge to preside over the court, prosecutor, public defender, county  
36 mental health liaison, and probation officer.

37 (4) The county mental health department and drug and alcohol  
38 department shall provide initial and ongoing training for designated  
39 staff, as needed, on the nature of mental illness and on the treatment  
40 and supportive services available in the community.

1 (5) The Mental Health Court shall use community mental health  
2 providers and other agencies to offer defendants access to  
3 individualized treatment services.

4 (6) The Mental Health Court shall establish a treatment plan for  
5 each defendant, and other terms and conditions that will optimize  
6 the likelihood that the defendant will complete the program.

7 (7) The Mental Health Court shall hold frequent reviews of the  
8 offender's progress in community treatment and hold the offender  
9 accountable to adhere to the treatment plan, remain in treatment,  
10 and complete treatment.

11 (e) A Mental Health Court shall contact the county mental health  
12 department to ensure that there is coordination and availability of  
13 the necessary mental health services, including management and  
14 evaluation of the success of those services.

15 1001.131. Defendants suffering from mental illness shall be  
16 eligible to participate in a Mental Health Court pursuant to this  
17 chapter if a complaint or citation for an offense is pending in  
18 superior court.

19 1001.132. (a) Each county, with the input of local stakeholders,  
20 shall establish a method for screening every defendant for mental  
21 illness and cooccurring disorders, at the time a complaint or citation  
22 is filed for a misdemeanor or felony offense, or at another specified  
23 time determined most appropriate by local stakeholders to consider  
24 transferring the defendant to a Mental Health Court.

25 (b) Each county shall, with the input of stakeholders, establish  
26 case eligibility criteria specifying what factors relating to the  
27 amenability of the defendant to treatment and to the facts of the  
28 case will make the defendant eligible to participate in a Mental  
29 Health Court.

30 (c) If the defendant is found to be suffering from mental illness,  
31 subsequent evaluation by the local mental health director or his or  
32 her designee shall determine whether a defendant who is suffering  
33 from mental illness is appropriate for treatment under the county  
34 eligibility criteria established pursuant to subdivision (b).

35 (d) If the defendant is found to be suffering from mental illness,  
36 the district attorney or other designee shall assess his or her case  
37 to determine whether it meets the county eligibility criteria  
38 established pursuant to subdivision (b).

39 (e) If a defendant is determined to be suffering from mental  
40 illness, designated as treatment appropriate, and his or her case

1 meets the county eligibility criteria, he or she may participate in  
2 a Mental Health Court.

3 1001.133. (a) If a defendant is determined to be eligible to  
4 participate in a Mental Health Court and consents to participate,  
5 the defendant will be placed on probation and will be required to  
6 participate in the program for a minimum of one year.

7 (b) The terms and conditions of probation shall include  
8 participation in a Mental Health Treatment Program and, if he or  
9 she is on parole, the terms and conditions of his or her parole.

10 (c) If the defendant fails to successfully complete the Mental  
11 Health Treatment Program, the court shall sentence the defendant  
12 for the current misdemeanor or felony offense.

13 1001.134. Each Mental Health Court shall report to the State  
14 Department of Mental Health, the State Department of Alcohol  
15 and Drug Programs, and the Department of Corrections and  
16 Rehabilitation the savings in prison days resulting from  
17 implementation of the Mental Health Court in a manner consistent  
18 with the present reporting system for the Comprehensive Drug  
19 Court Implementation Act of 1999 (Article 2 (commencing with  
20 Section 11970.1) of Chapter 2 of Part 3 of Division 10.5 of the  
21 Health and Safety Code).

22 SEC. 3. Section 2686 is added to the Penal Code, to read:

23 2686. (a) The Department of Corrections and Rehabilitation  
24 shall provide training for all persons who will be responsible for  
25 the management and care of persons with serious mental illness  
26 in the custody of the department to ensure that they are trained in  
27 recovery oriented rehabilitative services and that those services  
28 are provided in prison.

29 (b) The department shall ensure that all its correctional officers  
30 are trained in dealing with inmates with mental illness.

31 SEC. 4. Article 3.5 (commencing with Section 2687) is added  
32 to Chapter 4 of Title 1 of Part 3 of the Penal Code, to read:

33  
34 Article 3.5. Parolee Mental Health  
35

36 2687. (a) A system of care for parolees with severe mental  
37 illness results in the highest benefit to the client, family, and society  
38 while ensuring that the public sector meets its legal responsibility  
39 and fiscal liability at the lowest possible cost.

(b) The underlying philosophy for these systems of care includes the following:

(1) Mental health care is a basic human service.

(2) Seriously mentally disordered parolees usually have multiple disorders and disabling conditions.

(3) Seriously mentally disordered parolees should be assigned a single person or team to be responsible for all treatment, case management, and support services.

(4) The client should be fully informed and volunteer for all treatment provided, unless danger to self or others or grave disability requires temporary involuntary treatment.

(5) Clients and families should directly participate in making decisions about services and resource allocations that affect their lives.

(6) Mental health services should be responsive to the unique characteristics of people with mental disorders including age, gender, minority, and ethnic background, and the effect of multiple disorders.

(7) Treatment, case management, and support services should be designed to prevent inappropriate removal to more restrictive and costly placements.

(8) Mental health systems of care shall have measurable goals and be fully accountable by providing measures of client outcomes and cost of services.

(9) State and county government agencies each have responsibilities and fiscal liabilities for seriously mentally disordered parolees.

2687.1. All parolees with a severe mental illness shall receive comprehensive mental health and supportive services comparable to the case management and services available under Section 5806 of the Welfare and Institutions Code as set forth in this article.

2687.2. The Department of Corrections and Rehabilitation shall ensure the mental health needs of all parolees are met in accordance with community standards of mental health care. For those with a serious mental disorder, as defined in paragraph (2) of subdivision (b) of Section 5600.3 of the Welfare and Institutions Code, all services shall be in accordance with this article.

2687.3. (a) The Legislature finds that a mental health system of care for parolees with severe and persistent mental illness is



1 vital for successful management of mental health care in California  
2 and should encompass all of the following:

3 (1) A comprehensive and coordinated system of care including  
4 treatment, early intervention strategies, case management, and  
5 system components required by parolees with severe and persistent  
6 mental illness.

7 (2) The recovery of persons with severe mental illness and their  
8 financial means are important for all levels of government,  
9 business, and the community.

10 (3) System of care services that ensure culturally competent  
11 care for persons with severe mental illness in the most appropriate,  
12 least restrictive level of care are necessary to achieve the desired  
13 performance outcomes.

14 (4) Mental health service providers need to increase  
15 accountability and further develop methods to measure progress  
16 toward client outcome goals and cost effectiveness as required by  
17 a system of care.

18 (b) The Legislature further finds that the adult system of care  
19 model, begun in the 1989–90 fiscal year through the  
20 implementation of Chapter 982 of the Statutes of 1988, provides  
21 models for parolees with severe mental illness that can meet the  
22 performance outcomes required by the Legislature.

23 (c) The Legislature also finds that the system components  
24 established in adult systems of care are of value in providing  
25 greater benefit to parolees with severe and persistent mental illness  
26 at a lower cost in California.

27 (d) Therefore, using the guidelines and principles developed  
28 under the demonstration projects implemented under the elder  
29 system of care legislation in 1989, it is the intent of the Legislature  
30 to accomplish the following:

31 (1) Encourage each correctional facility to implement a system  
32 of care as described in this legislation for the delivery of mental  
33 health services to seriously mentally disordered parolees.

34 (2) To promote system of care accountability for performance  
35 outcomes that enable parolees with severe mental illness to reduce  
36 symptoms that impair their ability to live independently, work,  
37 maintain community supports, care for their children, stay in good  
38 health, not abuse drugs or alcohol, and not commit crimes.

39 (3) Provide funds for mental health services and related  
40 medications, substance abuse services, supportive housing or other

1 housing assistance, vocational rehabilitation, and other nonmedical  
2 programs necessary to stabilize mentally ill prisoners and parolees,  
3 reduce the risk of being homeless, get them off the street and into  
4 treatment and recovery, or to provide access to veterans' services  
5 that will also provide for treatment and recovery.

6 2687.4. The Department of Corrections and Rehabilitation in  
7 consultation with the State Department of Mental Health shall  
8 establish service standards that ensure that prisoners with a serious  
9 mental disorder, as defined in paragraph (2) of subdivision (b) of  
10 Section 5600.3 of the Welfare and Institutions Code, are identified,  
11 and services are provided to assist them to be able, upon release,  
12 to live independently, work, and reach their potential as productive  
13 citizens. The department shall provide annual oversight of services  
14 pursuant to this part for compliance with these standards.

15 These standards shall include, but are not limited to, all of the  
16 following:

17 (a) A service planning and delivery process that is target  
18 population-based and includes the following:

19 (1) Determination of the number of clients to be served and the  
20 programs and services that will be provided to meet their needs.

21 (2) Plans for services, including design of mental health services,  
22 coordination and access to medications, psychiatric and  
23 psychological services, substance abuse services, supportive  
24 housing or other housing assistance for parolees, vocational  
25 rehabilitation, and veterans' services. Plans shall also contain  
26 evaluation strategies that shall consider cultural, linguistic, gender,  
27 age, and special needs of minorities in the target populations.  
28 Provision shall be made for staff with the cultural background and  
29 linguistic skills necessary to remove barriers to mental health  
30 services due to limited-English-speaking ability and cultural  
31 differences.

32 (3) Provisions for services to meet the needs of target population  
33 clients who are physically disabled.

34 (4) Provision for services to meet the special needs of elder  
35 adults.

36 (5) Provision for family support and consultation services,  
37 parenting support and consultation services, and peer support or  
38 self-help group support, if appropriate for the individual.

39 (6) Provision for services to be client-directed and that employ  
40 psychosocial rehabilitation and recovery principles.

1 (7) Provision for psychiatric and psychological services that are  
2 integrated with other services and for psychiatric and psychological  
3 collaboration in overall service planning.

4 (8) Provision for services specifically directed to seriously  
5 mentally ill young adults 25 years of age or younger who are at  
6 significant risk of becoming homeless.

7 (9) Services reflecting special needs of women from diverse  
8 cultural backgrounds, including supportive housing that accepts  
9 children, personal services coordinator, therapeutic treatment, and  
10 substance treatment programs that address gender specific trauma  
11 and abuse in the lives of persons with mental illness, and vocational  
12 rehabilitation programs that offer job training programs free of  
13 gender bias and sensitive to the needs of women.

14 (10) Provision for housing for parolees that is immediate,  
15 transitional, or permanent.

16 (b) Each client shall have a clearly designated mental health  
17 personal services coordinator who may be part of a  
18 multidisciplinary treatment team who is responsible for providing  
19 or assuring needed services. Responsibilities include complete  
20 assessment of the client's needs, development of the client's  
21 personal services plan, linkage with all appropriate community  
22 services, monitoring of the quality and follow through of services,  
23 and necessary advocacy to ensure each client receives those  
24 services that are agreed to in the personal services plan. Each client  
25 shall participate in the development of his or her personal services  
26 plan, and responsible staff shall consult with the designated  
27 conservator, if one has been appointed, and, with the consent of  
28 the client, consult with the family and other significant persons as  
29 appropriate.

30 (c) The individual personal services plan shall ensure that  
31 members of the target population involved in the system of care  
32 receive age, gender, and culturally appropriate services, to the  
33 extent feasible, that are designed to enable recipients upon release  
34 to:

35 (1) Live in the most independent, least restrictive housing  
36 feasible in the local community, and for clients with children, to  
37 live in a supportive housing environment that strives for  
38 reunification with their children or assists clients in maintaining  
39 custody of their children as is appropriate.

1 (2) Engage in the highest level of work or productive activity  
2 appropriate to their abilities and experience.

3 (3) Create and maintain a support system consisting of friends,  
4 family, and participation in community activities.

5 (4) Access an appropriate level of academic education or  
6 vocational training.

7 (5) Obtain an adequate income.

8 (6) Self-manage their illness and exert as much control as  
9 possible over both the day-to-day and long-term decisions that  
10 affect their lives.

11 (7) Access necessary physical health care and maintain the best  
12 possible physical health.

13 (8) Reduce or eliminate serious antisocial or criminal behavior  
14 and thereby reduce or eliminate their contact with the criminal  
15 justice system.

16 (9) Reduce or eliminate the distress caused by the symptoms of  
17 mental illness.

18 (10) Have freedom from dangerous addictive substances.

19 (d) The individual personal services plan shall describe the  
20 service array that meets the requirements of subdivision (c), and  
21 to the extent applicable to the individual, the requirements of  
22 subdivision (a).

23 2687.5. The State Department of Mental Health shall continue  
24 to work with the Department of Corrections and Rehabilitation  
25 and other interested parties to refine and establish client and cost  
26 outcome and interagency collaboration goals including the expected  
27 level of attainment with participating counties. These outcome  
28 measures should include specific objectives addressing the  
29 following goals:

30 (a) Client benefit outcomes.

31 (b) Client and family member satisfaction.

32 (c) System of care access.

33 (d) Cost savings, cost avoidance, and cost-effectiveness  
34 outcomes that measure short-term or long-term cost savings and  
35 cost avoidance achieved in public sector expenditures to the target  
36 population.

37 2687.6. The State Department of Mental Health shall provide  
38 training consultation, and technical assistance to the Department  
39 of Corrections and Rehabilitation. This training, consultation, and  
40 technical assistance shall include:

1 (a) Efforts to ensure that all of the different programs are  
2 operating as well as they can.

3 (b) Information on which programs are having particular success  
4 in particular areas so that they can be replicated in other counties.

5 (c) Technical assistance to facilities in their first two years of  
6 participation to ensure quality and cost-effective service.

7 2687.7. Services shall be available to parolees who have a  
8 serious mental disorder who meet the eligibility criteria in  
9 subdivisions (b) and (c) of Section 5600.3 of the Welfare and  
10 Institutions Code.

11 (a) Funding shall be provided at sufficient levels to ensure that  
12 each facility and parolee center can provide each parolee served  
13 pursuant to this part with the medically necessary mental health  
14 services, medications, and supportive services set forth in the  
15 applicable treatment plan.

16 (b) The funding shall only cover the portions of those costs of  
17 services that cannot be paid for with other funds including other  
18 mental health funds, public and private insurance, and other local,  
19 state, and federal funds.

20 (c) Each correctional facility and parolee center shall provide  
21 for services in accordance with the system of care for parolees  
22 who meet the eligibility criteria in subdivisions (b) and (c) of  
23 Section 5600.3 of the Welfare and Institutions Code.

24 (d) Planning for services shall be consistent with the following  
25 philosophies, principles, and practices:

26 (1) To promote concepts key to the recovery for individuals  
27 who have mental illness: hope, personal empowerment, respect,  
28 social connections, self-responsibility, and self-determination.

29 (2) To promote consumer-operated services as a way to support  
30 recovery.

31 (3) To reflect the cultural, ethnic, and racial diversity of mental  
32 health consumers.

33 (4) To plan for each consumer's individual needs.

34 2687.8. (a) The Director of the Department of Corrections and  
35 Rehabilitation shall establish an advisory committee for the purpose  
36 of providing advice regarding the development of the identification  
37 of specific performance measures for evaluating the effectiveness  
38 of programs. The committee shall review evaluation reports and  
39 make findings on evidence-based best practices and  
40 recommendations. At not less than one meeting annually, the

1 advisory committee shall provide to the director written comments  
2 on the performance of each of the programs.

3 (b) The committee shall include, but not be limited to,  
4 representatives from state, county, and community veterans'  
5 services and disabled veterans outreach programs, supportive  
6 housing and other housing assistance programs, law enforcement,  
7 county mental health and private providers of local mental health  
8 services and mental health outreach services, the Board of  
9 Corrections, the State Department of Alcohol and Drug Programs,  
10 local substance abuse services providers, the Department of  
11 Rehabilitation, providers of local employment services, the State  
12 Department of Social Services, the Department of Housing and  
13 Community Development, a service provider to transition youth,  
14 the United Advocates for Children of California, the California  
15 Mental Health Advocates for Children and Youth, the Mental  
16 Health Association of California, the California Alliance for the  
17 Mentally Ill, the California Network of Mental Health Clients, the  
18 Mental Health Planning Council, and other appropriate entities.

19 2687.9. The criteria for the funding for each program shall  
20 include, but not be limited to, all of the following:

21 (a) A description of a comprehensive strategic plan for providing  
22 prevention, intervention, and evaluation in a cost-appropriate  
23 manner.

24 (b) A description of the population to be served, ability to  
25 administer an effective service program, and the degree to which  
26 local agencies and advocates will support and collaborate with  
27 program efforts for parolees.

28 (c) A description of efforts to maximize the use of other state,  
29 federal, and local funds or services that can support and enhance  
30 the effectiveness of these programs.

31 2687.10. In order to reduce the cost of providing supportive  
32 housing for clients, parolee centers shall enter into contracts with  
33 sponsors of supportive housing projects to the greatest extent  
34 possible. Centers are encouraged to commit a portion of their funds  
35 to rental assistance.

36 (a) In consultation with the advisory committee established  
37 pursuant to subdivision (a) of Section 2687.8, the department shall  
38 report to the Legislature on or before May 1 of each year in which  
39 additional funding is provided, and shall evaluate, at a minimum,  
40 the effectiveness of the strategies for parolees in reducing

1 homelessness, recidivism involvement with local law enforcement,  
2 and other measures identified by the department. The evaluation  
3 shall include for each program funded in the current fiscal year as  
4 much of the following as available information permits:

5 (1) The number of persons served, and of those, the number  
6 who receive extensive community mental health services.

7 (2) The number of persons who are able to maintain housing,  
8 including the type of housing and whether it is emergency,  
9 transitional, or permanent housing, as defined by the department.

10 (3) (A) The amount of funding spent on each type of housing.

11 (B) Other local, state, or federal funds or programs used to house  
12 clients.

13 (4) The number of persons with contacts with local law  
14 enforcement and the extent to which local and state incarceration  
15 has been reduced or avoided.

16 (5) The number of persons participating in employment service  
17 programs including competitive employment.

18 (6) The amount of hospitalization that has been reduced or  
19 avoided.

20 (7) The extent to which veterans identified through these  
21 programs' outreach are receiving federally funded veterans'  
22 services for which they are eligible.

23 (8) The extent to which programs funded for three or more years  
24 are making a measurable and significant difference on the street,  
25 in hospitals, and in jails, as compared to other programs and in  
26 previous years.

27 (b) Each facility shall be subject to specific terms and conditions  
28 of oversight and training that shall be developed by the department,  
29 in consultation with the advisory committee.

30 (c) (1) As used in this part, "receiving extensive mental health  
31 services" means having a personal services coordinator, as  
32 described in subdivision (b) of Section 5806, and having an  
33 individual personal service plan, as described in subdivision (c)  
34 of Section 5806.

35 (2) The funding provided pursuant to this article shall be  
36 sufficient to provide mental health services, medically necessary  
37 medications to treat severe mental illnesses, alcohol and drug  
38 services, transportation, supportive housing and other housing  
39 assistance, vocational rehabilitation and supported employment  
40 services, money management assistance for accessing other health

1 care and obtaining federal income and housing support, accessing  
2 veterans' services, stipends, and other incentives to attract and  
3 retain sufficient numbers of qualified professionals as necessary  
4 to provide the necessary levels of these services. This program  
5 shall, however, pay for only that portion of the costs of those  
6 services not otherwise provided by federal funds or other state  
7 funds.

8 (3) Methods to contract for services pursuant to paragraph (2)  
9 shall promote prompt and flexible use of funds, consistent with  
10 the scope of services for which the department has contracted with  
11 each provider.

12 2687.11. The department may contract with counties or private  
13 providers for the provision of any of the services described in this  
14 article.

15 SEC. 5. Section 2982 is added to the Penal Code, to read:

16 2982. (a) At least six months before discharge of a prisoner  
17 with a severe mental illness, the Department of Corrections and  
18 Rehabilitation shall apply for social security and Medi-Cal benefits  
19 for those considered disabled, as well as beginning vocational  
20 training, independent living assistance, and development of other  
21 skills necessary for success during parole and afterward.

22 (b) In the last 90 days before release of a prisoner with a severe  
23 mental illness, the department shall coordinate with a program that  
24 will continue the medications and support services provided to the  
25 prisoner by the department during parole, after the period of  
26 incarceration.

27 SEC. 6. Section 5806 of the Welfare and Institutions Code is  
28 amended to read:

29 5806. The State Department of Mental Health shall establish  
30 service standards that ensure that members of the target population  
31 are identified, and services provided to assist them to live  
32 independently, work, and reach their potential as productive  
33 citizens. The department shall provide annual oversight of grants  
34 issued pursuant to this part for compliance with these standards.  
35 These standards shall include, but are not limited to, all of the  
36 following:

37 (a) A service planning and delivery process that is target  
38 population based and includes the following:

39 (1) Determination of the numbers of clients to be served and  
40 the programs and services that will be provided to meet their needs.



1 The local director of mental health shall consult with the sheriff,  
2 the police chief, the probation officer, the mental health board,  
3 contract agencies, and family, client, ethnic and citizen  
4 constituency groups as determined by the director.

5 (2) Plans for services, including outreach to *individuals*  
6 *successfully completing parole, mental health courts, and families*  
7 whose severely mentally ill adult is living with them, design of  
8 mental health services, coordination and access to medications,  
9 psychiatric and psychological services, substance abuse services,  
10 supportive housing or other housing assistance, vocational  
11 rehabilitation, and veterans' services. Plans shall also contain  
12 evaluation strategies, that shall consider cultural, linguistic, gender,  
13 age, and special needs of minorities in the target populations.  
14 Provision shall be made for staff with the cultural background and  
15 linguistic skills necessary to remove barriers to mental health  
16 services due to limited-English-speaking ability and cultural  
17 differences. Recipients of outreach services may include families,  
18 the public, primary care physicians, *police, sheriffs, judges*, and  
19 others who are likely to come into contact with individuals who  
20 may be suffering from an untreated severe mental illness who  
21 would be likely to become homeless if the illness continued to be  
22 untreated for a substantial period of time. Outreach to adults may  
23 include adults voluntarily or involuntarily hospitalized as a result  
24 of a severe mental illness.

25 (3) Provisions for services to meet the needs of target population  
26 clients who are physically disabled.

27 (4) Provision for services to meet the special needs of older  
28 adults.

29 (5) Provision for family support and consultation services,  
30 parenting support and consultation services, and peer support or  
31 self-help group support, where appropriate for the individual.

32 (6) Provision for services to be client-directed and that employ  
33 psychosocial rehabilitation and recovery principles.

34 (7) Provision for psychiatric and psychological services that are  
35 integrated with other services and for psychiatric and psychological  
36 collaboration in overall service planning.

37 (8) Provision for services specifically directed to seriously  
38 mentally ill young adults 25 years of age or younger who are  
39 homeless or at significant risk of becoming homeless. These  
40 provisions may include continuation of services that would still

1 be received through other funds had eligibility not been terminated  
2 due to age.

3 (9) Services reflecting special needs of women from diverse  
4 cultural backgrounds, including supportive housing that accepts  
5 children, personal services coordinator therapeutic treatment, and  
6 substance treatment programs that address gender specific trauma  
7 and abuse in the lives of persons with mental illness, and vocational  
8 rehabilitation programs that offer job training programs free of  
9 gender bias and sensitive to the needs of women.

10 (10) Provision for housing for clients that is immediate,  
11 transitional, permanent, or all of these.

12 (11) Provision for clients who have been suffering from an  
13 untreated severe mental illness for less than one year, and who do  
14 not require the full range of services but are at risk of becoming  
15 homeless unless a comprehensive individual and family support  
16 services plan is implemented. These clients shall be served in a  
17 manner that is designed to meet their needs.

18 (b) Each client shall have a clearly designated mental health  
19 personal services coordinator who may be part of a  
20 multidisciplinary treatment team who is responsible for providing  
21 or assuring needed services. Responsibilities include complete  
22 assessment of the client's needs, development of the client's  
23 personal services plan, linkage with all appropriate community  
24 services, monitoring of the quality and follow through of services,  
25 and necessary advocacy to ensure each client receives those  
26 services which are agreed to in the personal services plan. Each  
27 client shall participate in the development of his or her personal  
28 services plan, and responsible staff shall consult with the designated  
29 conservator, if one has been appointed, and, with the consent of  
30 the client, consult with the family and other significant persons as  
31 appropriate.

32 (c) The individual personal services plan shall ensure that  
33 members of the target population involved in the system of care  
34 receive age, gender, and culturally appropriate services, to the  
35 extent feasible, that are designed to enable recipients to:

36 (1) Live in the most independent, least restrictive housing  
37 feasible in the local community, and for clients with children, to  
38 live in a supportive housing environment that strives for  
39 reunification with their children or assists clients in maintaining  
40 custody of their children as is appropriate.

1 (2) Engage in the highest level of work or productive activity  
2 appropriate to their abilities and experience.

3 (3) Create and maintain a support system consisting of friends,  
4 family, and participation in community activities.

5 (4) Access an appropriate level of academic education or  
6 vocational training.

7 (5) Obtain an adequate income.

8 (6) Self-manage their illness and exert as much control as  
9 possible over both the day-to-day and long-term decisions which  
10 affect their lives.

11 (7) Access necessary physical health care and maintain the best  
12 possible physical health.

13 (8) Reduce or eliminate serious antisocial or criminal behavior  
14 and thereby reduce or eliminate their contact with the criminal  
15 justice system.

16 (9) Reduce or eliminate the distress caused by the symptoms of  
17 mental illness.

18 (10) Have freedom from dangerous addictive substances.

19 (d) The individual personal services plan shall describe the  
20 service array that meets the requirements of subdivision (c), and  
21 to the extent applicable to the individual, the requirements of  
22 subdivision (a).

23 SEC. 7. Section 5814 of the Welfare and Institutions Code is  
24 amended to read:

25 5814. (a) (1) This part shall be implemented only to the extent  
26 that funds are appropriated for purposes of this part. To the extent  
27 that funds are made available, the first priority shall go to maintain  
28 funding for the existing programs that meet adult system of care  
29 contract goals. The next priority for funding shall be given to  
30 counties with a high incidence of persons who are severely  
31 mentally ill and homeless or at risk of homelessness, and meet the  
32 criteria developed pursuant to paragraphs (3) and (4). *The next*  
33 *priority for funding, including the funding pursuant to Section*  
34 *5892, shall be for the establishment of capacity for all counties to*  
35 *be able to serve everyone who meets the criteria for this part who*  
36 *are subject to arrest or hospitalization, discharged from a hospital*  
37 *or jail, or successfully completing parole.*

38 (2) The director shall establish a methodology for awarding  
39 grants under this part consistent with the legislative intent

expressed in Section 5802, and in consultation with the advisory committee established in this subdivision.

(3) (A) The director shall establish an advisory committee for the purpose of providing advice regarding the development of criteria for the award of grants, and the identification of specific performance measures for evaluating the effectiveness of grants. The committee shall review evaluation reports and make findings on evidence-based best practices and recommendations for grant conditions. At not less than one meeting annually, the advisory committee shall provide to the director written comments on the performance of each of the county programs. Upon request by the department, each participating county that is the subject of a comment shall provide a written response to the comment. The department shall comment on each of these responses at a subsequent meeting.

(B) The committee shall include, but not be limited to, representatives from state, county, and community veterans' services and disabled veterans outreach programs, supportive housing and other housing assistance programs, law enforcement, county mental health and private providers of local mental health services and mental health outreach services, the Board of Corrections, the State Department of Alcohol and Drug Programs, local substance abuse services providers, the Department of Rehabilitation, providers of local employment services, the State Department of Social Services, the Department of Housing and Community Development, a service provider to transition youth, the United Advocates for Children of California, the California Mental Health Advocates for Children and Youth, the Mental Health Association of California, the California Alliance for the Mentally Ill, the California Network of Mental Health Clients, the Mental Health Planning Council, and other appropriate entities.

(4) The criteria for the award of grants shall include, but not be limited to, all of the following:

(A) A description of a comprehensive strategic plan for providing outreach, prevention, intervention, and evaluation in a cost appropriate manner corresponding to the criteria specified in subdivision (c).

(B) A description of the local population to be served, ability to administer an effective service program, and the degree to which

1 local agencies and advocates will support and collaborate with  
2 program efforts.

3 (C) A description of efforts to maximize the use of other state,  
4 federal, and local funds or services that can support and enhance  
5 the effectiveness of these programs.

6 (5) In order to reduce the cost of providing supportive housing  
7 for clients, counties that receive a grant pursuant to this part after  
8 January 1, 2004, shall enter into contracts with sponsors of  
9 supportive housing projects to the greatest extent possible.  
10 Participating counties are encouraged to commit a portion of their  
11 grants to rental assistance for a specified number of housing units  
12 in exchange for the counties' clients having the right of first refusal  
13 to rent the assisted units.

14 (b) In each year in which additional funding is provided by the  
15 annual Budget Act the department shall establish programs that  
16 offer individual counties sufficient funds to comprehensively serve  
17 severely mentally ill adults who are homeless, recently released  
18 from a county jail or the state prison, or others who are untreated,  
19 unstable, and at significant risk of incarceration or homelessness  
20 unless treatment is provided to them and who are severely mentally  
21 ill adults. For purposes of this subdivision, "severely mentally ill  
22 adults" are those individuals described in subdivision (b) of Section  
23 5600.3. In consultation with the advisory committee established  
24 pursuant to paragraph (3) of subdivision (a), the department shall  
25 report to the Legislature on or before May 1 of each year in which  
26 additional funding is provided, and shall evaluate, at a minimum,  
27 the effectiveness of the strategies in providing successful outreach  
28 and reducing homelessness, involvement with local law  
29 enforcement, and other measures identified by the department.  
30 The evaluation shall include for each program funded in the current  
31 fiscal year as much of the following as available information  
32 permits:

33 (1) The number of persons served, and of those, the number  
34 who receive extensive community mental health services.

35 (2) The number of persons who are able to maintain housing,  
36 including the type of housing and whether it is emergency,  
37 transitional, or permanent housing, as defined by the department.

38 (3) (A) The amount of grant funding spent on each type of  
39 housing.

1 (B) Other local, state, or federal funds or programs used to house  
2 clients.

3 (4) The number of persons with contacts with local law  
4 enforcement and the extent to which local and state incarceration  
5 has been reduced or avoided.

6 (5) The number of persons participating in employment service  
7 programs including competitive employment.

8 (6) The number of persons contacted in outreach efforts who  
9 appear to be severely mentally ill, as described in Section 5600.3,  
10 who have refused treatment after completion of all applicable  
11 outreach measures.

12 (7) The amount of hospitalization that has been reduced or  
13 avoided.

14 (8) The extent to which veterans identified through these  
15 programs' outreach are receiving federally funded veterans'  
16 services for which they are eligible.

17 (9) The extent to which programs funded for three or more years  
18 are making a measurable and significant difference on the street,  
19 in hospitals, and in jails, as compared to other counties or as  
20 compared to those counties in previous years.

21 (10) For those who have been enrolled in this program for at  
22 least two years and who were enrolled in Medi-Cal prior to, and  
23 at the time they were enrolled in, this program, a comparison of  
24 their Medi-Cal hospitalizations and other Medi-Cal costs for the  
25 two years prior to enrollment and the two years after enrollment  
26 in this program.

27 (11) The number of persons served who were and were not  
28 receiving Medi-Cal benefits in the 12-month period prior to  
29 enrollment and, to the extent possible, the number of emergency  
30 room visits and other medical costs for those not enrolled in  
31 Medi-Cal in the prior 12-month period.

32 (c) To the extent that state savings associated with providing  
33 integrated services for the mentally ill are quantified, it is the intent  
34 of the Legislature to capture those savings in order to provide  
35 integrated services to additional adults.

36 (d) Each project shall include outreach and service grants in  
37 accordance with a contract between the state and approved counties  
38 that reflects the number of anticipated contacts with people who  
39 are homeless or at risk of homelessness, and the number of those

1 who are severely mentally ill and who are likely to be successfully  
2 referred for treatment and will remain in treatment as necessary.

3 (e) All counties that receive funding shall be subject to specific  
4 terms and conditions of oversight and training which shall be  
5 developed by the department, in consultation with the advisory  
6 committee.

7 (f) (1) As used in this part, “receiving extensive mental health  
8 services” means having a personal services coordinator, as  
9 described in subdivision (b) of Section 5806, and having an  
10 individual personal service plan, as described in subdivision (c)  
11 of Section 5806.

12 (2) The funding provided pursuant to this part shall be sufficient  
13 to provide mental health services, medically necessary medications  
14 to treat severe mental illnesses, alcohol and drug services,  
15 transportation, supportive housing and other housing assistance,  
16 vocational rehabilitation and supported employment services,  
17 money management assistance for accessing other health care and  
18 obtaining federal income and housing support, accessing veterans’  
19 services, stipends, and other incentives to attract and retain  
20 sufficient numbers of qualified professionals as necessary to  
21 provide the necessary levels of these services. These grants shall,  
22 however, pay for only that portion of the costs of those services  
23 not otherwise provided by federal funds or other state funds.

24 (3) Methods used by counties to contract for services pursuant  
25 to paragraph (2) shall promote prompt and flexible use of funds,  
26 consistent with the scope of services for which the county has  
27 contracted with each provider.

28 (g) Contracts awarded pursuant to this part shall be exempt from  
29 the Public Contract Code and the state administrative manual and  
30 shall not be subject to the approval of the Department of General  
31 Services.

32 (h) Notwithstanding any other provision of law, funds awarded  
33 to counties pursuant to this part and Part 4 (commencing with  
34 Section 5850) shall not require a local match in funds.

35 SEC. 8. No reimbursement is required by this act pursuant to  
36 Section 6 of Article XIII B of the California Constitution for certain  
37 costs that may be incurred by a local agency or school district  
38 because, in that regard, this act creates a new crime or infraction,  
39 eliminates a crime or infraction, or changes the penalty for a crime  
40 or infraction, within the meaning of Section 17556 of the

1 Government Code, or changes the definition of a crime within the  
2 meaning of Section 6 of Article XIII B of the California  
3 Constitution.

4 However, if the Commission on State Mandates determines that  
5 this act contains other costs mandated by the state, reimbursement  
6 to local agencies and school districts for those costs shall be made  
7 pursuant to Part 7 (commencing with Section 17500) of Division  
8 4 of Title 2 of the Government Code.

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